

**Plaquemines Parish School Board
SCHOOL NURSE DEPARTMENT**

**PARENTAL CONSENT FOR SPECIAL HEALTHCARE
PROCEDURES**

I, the undersigned parent/guardian of _____, a student in the Plaquemines Parish Public School System, hereby request that the Plaquemines Parish School Board allow said child to receive special healthcare procedure prescribed by

_____ (Physician's Name) for the _____ school year under the supervision of the designated school personnel trained to perform above procedure

The supplies for the procedure are to be furnished by me, and are to be labeled with the student's name. I assume all responsibility for furnishing the required amount of supplies.

I do hereby, release, relieve and discharge the Plaquemines Parish School Board and/or any of its agents or employees from any and all liability for any injury or damage to the health of said child arising out of, or resulting from the necessity of said child having to undergo the specialized healthcare procedure during school hours.

I have read, understand and agree to the school's regulations and policy concerning specialized healthcare procedures.

Parent / Guardian Signature

Date

Please return completed and signed form to school nurse.